

BUSINESS STRUCTURE

(Check only one type of business per application):

1. ☐ Corporation. State where incorporated: _____ Year of Incorporation: _____
If older than one year, submit a Certificate of Good Standing from the D. C. Department of Consumer & Regulatory Affairs. Attach Articles & Certificate of Incorporation, Current Certificate of Good Standing from D. C. Department Of Consumer and Regulatory Affairs and Bylaws as Exhibit A. A Current Certificate of Good Standing is required for all foreign corporations.

☐ D. C. Certificate of Good Standing ☐ Foreign Certificate of Good Standing
List the following: (a) Resident Agent, address and telephone number and (b) names and addresses and telephone numbers of two (2) corporate Officers.

2. ☐ Partnership. Identify all partners: _____ Attach executed copy of current partnership agreement as Exhibit A.

3. ☐ Sole Proprietorship. Name of individual: _____

4. ☐ Unincorporated Association. Identify officers: Attach copy of current Association Rules & Regulations As Exhibit A.

a) Name / Title	Home Address	Phone
Country Of Birth	Social Security Number	Date Of Birth
Business Address		Telephone
b) Name / Title	Home Address	Phone
Country Of Birth	Social Security Number	Date Of Birth
Business Address		Phone
c) Name / Title	Home Address	Phone
Country Of Birth	Social Security Number	Date Of Birth
Business Address		Phone

REPRESENTATIVE / AGENT FOR SERVICE OF LEGAL PROCESS

Name (applicant or authorized representative)		
Street Address (PO Box Numbers Are Prohibited)		Signature
City	State	Zip Code
Phone No.	FAX No.	-2-

OPERATIONAL FITNESS EVIDENCE

1. Complete Exhibit B-1 or B-2 (Statement of Financial Fitness).
2. Describe applicant's facilities related to service at issue in this application. Attach copy of occupancy permit and property lease from local jurisdiction.
3. Describe specifically type of revenue equipment (vehicles) to be operated in performing the proposed service (make, year, model, seating capacity, and whether vehicles are owned or leased. Attach listing, if computerized provide a diskette with ascii non-delimited file format.
4. For non-taxicab owners, attach a schedule of customer fees and date of last increase _____.
5. For taxicab owners, provide rental fees for drivers and date of last increase. The fee consists of the following:

Membership Fee: _____	Last increase: _____
Dispatch Fee: _____	Last increase: _____
Insurance Fee: _____	Last increase: _____
6. If furnishing vehicles for handicapped fares, state make, model and year. Also include name of the personnel lifts, if any, that installed in the vehicle. Furnish copies of the safety listing (UL) for each installed piece of non-standard equipment.
7. Safety (Vehicles & Drivers). Are the vehicles equipped with:

	Yes	No
Dispatch Radio / Cellular Phone	_____	_____
Trouble warning lights	_____	_____
Safety Shields	_____	_____
Air bags	_____	_____
Shoulder harnesses	_____	_____
Child restraint seats	_____	_____
Currency / Fare Safe	_____	_____
Handicapped Lift	_____	_____

CONTROL RELATIONSHIPS

Do you have an application pending for a CERTIFICATE OF OPERATING AUTHORITY? ☐ No ☐ Yes

Application Name

Date Filed

Does the applicant or any person affiliated with this business have any relationship with any other public vehicle for hire business other than the applicant? ☐ Yes ☐ No If Yes, explain in detail:

CONFIDENTIALITY STATEMENT

All material submitted is alleged to be proprietary and confidential and will be withheld from public disclosure. The fact that the material submitted is alleged to be proprietary and confidential in no way implies that the Commission concurs with the assertion regarding the confidentiality of the subject material. This proprietary and confidential material provided shall be disclosed only to Commissioners and Commission Management. The material provided shall be held in confidence and used solely by the Commission in conjunction with its regulatory responsibilities and shall not be disclosed publicly in any manner or privately to anyone. This provision in no way limits the disclosure of the material if it is, or subsequently becomes public data. In the event of a dispute as to whether the material is so highly proprietary, confidential or sensitive as to warrant denial of access, such dispute shall be submitted to the Commission for resolution.

APPLICANT'S CERTIFICATION

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America, that all information supplied on this form and any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there is / are no proceeding(s), either completed or pending, in which the applicant has been found unfit or in which its fitness is under investigation by this Commission, or any other regulatory body.

NOTE: Describe all proceedings whether completed or pending, listing case name and number, regulatory body involved, date case instituted, and date case completed.

I hereby certify the following: (1) that the applicant has access to and is familiar with the requirements of D C Law 6-97 and All rules and regulations enacted pursuant thereto; (2) that the applicant will comply with D.C. Law 6-97, Title 31 DCMR, and all Agency orders and requirements.

Signature

Title

Print Complete Name

Date

The following is to be completed at a Notary Public's Office

City / County of _____ District / State of _____

_____, being duly sworn, deposes that he / she is the individual making the foregoing statements and signing the foregoing application, and that the statements contained in this application are true to the best of his / her own knowledge and belief.

Sworn and subscribed to before me on this _____ day of _____ 20____.

NOTARY PUBLIC

My Commission expires: _____

CONFIDENTIAL
STATEMENT OF FINANCIAL FITNESS

_____ To _____
Month / Year Month / Year

PERSONAL ASSETS	Current Value	PERSONAL LIABILITIES	Current Value
Checking Accounts.....	_____	Mortgage & Other HomeLoans.....	_____
Residence.....	_____	Automobile / Vehicle Loans.....	_____
Personal Property.....	_____	Credit Card Balances.....	_____
Other Assets.....	_____	Miscellaneous Debts.....	_____
 <u>ACCOUNTS</u>			
Savings & Investment.....	_____	Total Liabilities \$.....	_____
Stocks & Bonds.....	_____		
Tax-Deferred Retirement.....	_____		
Total Assets \$			
	Total Assets \$.....		
	Total Liabilities\$.....		
		NET WORTH \$.....	_____

I understand all figures indicated are accurate and reflect the current status of my personal financial stability. Any false or misleading statements may cause suspension of any license(s) and / or permits for a period up to five (5) years.

_____ Complete Printed Name Complete Signature Date Signed

Delays may occur in processing this application if any exhibits are missing, incomplete or completed incorrectly.

CONFIDENTIAL

EXISTING BUSINESS QUESTIONNAIRE

January - December 20__

Please answer all of the questions below with costs relating to the calendar year indicated.

1. What is your yearly cost for business space ? _____ [] Own [] Rent [] Lease
2. What is your yearly cost for business property insurance (Fire, Theft, Disaster) ? _____
3. Is your business automated ? _____ If Yes, how much is spent on automation and supplies ? _____
4. How many people are employed by the business ? _____
5. What is the yearly cost for electricity ? _____ If gas is used, what is the yearly cost ? _____
6. What is the total number of vehicles leased _____, purchased _____, and the number of owner / operators _____ that work for your business and provide their own vehicles ?
7. If you own vehicles, how much is spent on maintenance parts _____, oil and lubrication substances _____ ? How many tires are purchased and what is the total tire cost _____ ?
8. Do you advertised in a "local telephone directory" ? _____ If you do advertise, how do you advertise and how much is spent on each advertising source?

9. Do you provide advertising space on the roof of your vehicles ? _____ If Yes, how much do charge per vehicle _____ and what types of advertising do you allow _____?
10. In what municipality is your business located ? [] District of Columbia [] Maryland [] Virginia.
11. What was your contribution to taxes ? _____ Local _____ State _____ Federal
12. What licenses, permits and/or fees do you pay to operate this business and what is the cost per year?
- _____
- _____
- _____
13. What was spent on legal costs including attorney's fees _____ and court costs _____ ?
14. How many of your vehicles were involved in accidents involving other vehicles _____, pedestrians _____ ?
15. Do you employ any handicapped or disabled persons ? If Yes, how many _____ and how long have they been in your employ _____ ?
16. Does your business operate on a calendar or fiscal year ? [] Calendar [] Fiscal.
17. How many vehicles were impounded this year _____ ? Condemned _____ ?
18. How many drivers were robbed _____ or killed _____ ?

I understand that all numbers and costs indicated are accurate and reflect current information about the business. I also understand that any false or misleading statements may result in a daily fine and / or suspension of my business license for a period up to five (5) years.

Complete Signature

Print Name

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D C GOVERNMENT OFFICE OR OFFICIAL,
CALL THE D C INSPECTOR GENERAL AT 1-800-521-1639.**

NOTICE OF NON DISCRIMINATION

In accordance with the D C Human Rights Act of 1977, as amended, D C Official Code § 2-1401-01 et seq., (Act) The District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by this Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.